

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 101087198
APPLICANT(S)

FILING DATE

3/24/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
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49						
50						
TOTAL IND.			3			
TOTAL DEP.			3			
TOTAL CLAIMS			6			

TOTAL IND.	IND.	DEP.	TOTAL DEP.	IND.	DEP.	TOTAL CLAIMS	IND.	DEP.